

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q4 CY 2014

1. Providers Enrolled
2. Active Providers
3. Claims
4. Denials
5. Procedures
6. Diagnoses
7. Aid Category
8. Demographics

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 4 2014
				Providers Enrolled
Provider Type NV Code	Provider Specialty NV Cd	Provider County	Provider ID and Name	
017	215	Carson City	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1
		Clark	100535029 COMMUNITY COUNSELING CENTER	1
			100535030 HELP OF SOUTHERN NEVADA	1
			100535031 HELP OF SOUTHERN NEVADA	1
			100535035 VITALITY UNLIMITED	1
			100535042 LAS VEGAS INDIAN CENTER INC	1
			100535044 BRIDGE COUNSELING ASSOCIATES	1
			100535047 WESTCARE NEVADA INC	1
			100535050 WESTCARE NEVADA INC	1
			100535052 WESTCARE NEVADA INC	1
			100537954 SOLUTIONS RECOVERY INC	1
		Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		Elko	100535033 VITALITY UNLIMITED	1
		Humboldt	100535045 VITALITY UNLIMITED	1
		Lyon	100535032 RURAL NEVADA COUNSELING	1
		Nye	100535049 WESTCARE NEVADA INC	1
			100539961 WESTCARE NEVADA INC	1
		Washoe	100535020 BRISTLECONE FAMILY RESOURCES	1
			100535034 VITALITY UNLIMITED	1
			100535038 QUEST COUNSELING AND CONSULTING	1
			100535039 TAHOE YOUTH AND FAMILY SERVICES	1
			100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
			100535043 RIDGE HOUSE INC	1
			100535046 STEP 2 INC	1
			100535048 WESTCARE NEVADA INC	1
			100535452 STEP 1 INC	1
			Total	27

Providers Enrolled is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 4 2014
			Providers
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	
017	215	100535020 BRISTLECONE FAMILY RESOURCES	1
		100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		100535029 COMMUNITY COUNSELING CENTER	1
		100535030 HELP OF SOUTHERN NEVADA	1
		100535032 RURAL NEVADA COUNSELING	1
		100535033 VITALITY UNLIMITED	1
		100535036 NEW FRONTIER TREATMENT CENTER	1
		100535038 QUEST COUNSELING AND CONSULTING	1
		100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
		100535043 RIDGE HOUSE INC	1
		100535044 BRIDGE COUNSELING ASSOCIATES	1
		100535047 WESTCARE NEVADA INC	1
		100535049 WESTCARE NEVADA INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		Total	15

Providers is the unique count of providers who performed any facility, professional, or pharmacy services.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter		QTR 4 2014			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	5,437	81.77%	1,212	18.23%

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Time Period: Incurred With Runoff Quarter			QTR 4 2014
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	313
		Duplicate of History File Reco	278
		NUMBER OF PROCEDURES EXCEEDS N	126
		Duplicate Payment Request - Sa	120
		BILL ANY OTHER AVAILABLE INSUR	86
		Unknown Edit Err1 0091	77
		Recipient Not Eligible on DOS	44
		Recipient Not on File	42
		ENROLLED IN HMO	37
		CURR PROC. DUPL TO HIST(MAX AL	22
		Unknown Edit Err1 4721	17
		BILLING PROVIDER IS NOT A GROU	16
		Invalid Procedure Modifier	9
		ALLOWED AMOUNT > THRESHOLD	5
		PAYMENT REQUEST FILED AFTER LI	5
		Unknown Edit Err1 4720	4
		BILLED AMOUNT MISSING OR INVAL	3
		INVALID PROCEDURE/MODIFIER COM	3
		PROCEDURE DISAGREES WITH AUTHO	2
		Diagnosis Code Does Not Agree	1
		EOB DOES NOT MATCH CLM	1
		Invalid or Missing Recipient I	1
		Total	1,212

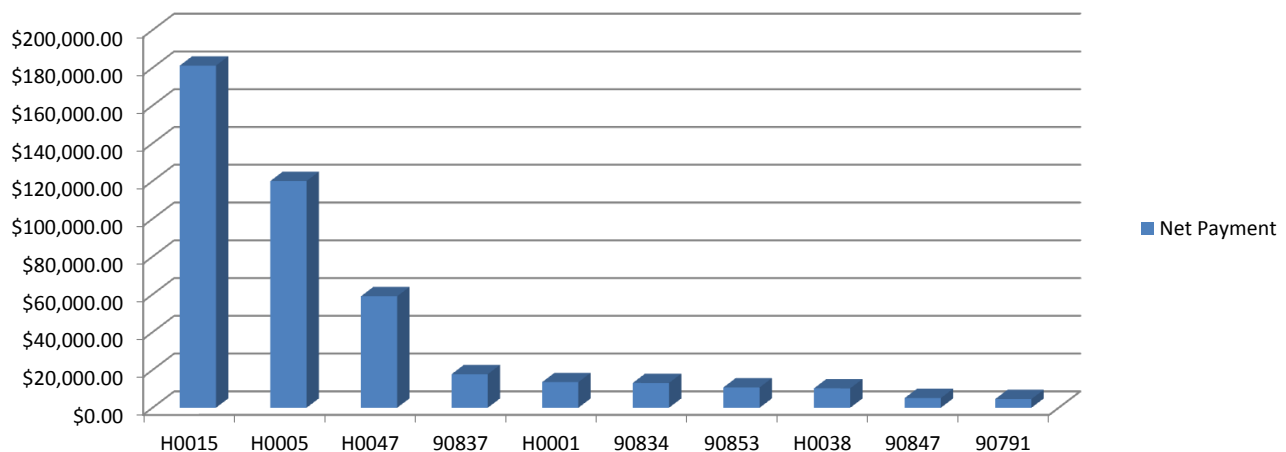
Edit Error 1 is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes. Error description may be incomplete due to limited character space in the reporting database.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 4 2014		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	96	1,291	\$181,155.31
		H0005	Alcohol/drug services-group counsel by clinician	240	4,022	\$120,056.70
		H0047	Alcohol/drug abuse svc not otherwise specified	239	1,022	\$59,023.23
		90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	43	166	\$17,768.45
		H0001	Alcohol and/or drug assessment	98	98	\$13,558.39
		90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	41	186	\$13,120.82
		90853	GROUP PSYCHOTHERAPY	24	378	\$10,744.51
		H0038	Self-help/peer services per 15 minutes	14	1,304	\$10,275.52
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	11	53	\$5,102.88
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	33	33	\$4,587.72
		H0002	Behav health screen-eligibility for Tx program	62	62	\$1,907.74
		90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	13	21	\$799.26
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	12	18	\$792.00
		H0049	Alcohol &/or drug screening	39	39	\$380.25
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	2	2	\$227.52
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	2	2	\$225.10
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	2	2	\$112.54
		90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	1	1	\$81.42
		99214	OFFICE OUTPATIENT VISIT 25 MINUTES	1	1	\$68.62
			Total	973	8,701	\$439,987.98

**PT17 Specialty 215
Top 10 Procedures by Net Payment**



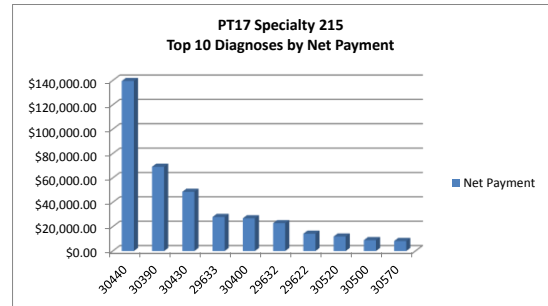
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across procedure codes).

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Time Period: Incurred With Runoff Quarter				QTR 4 2014		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal			
017	215	30440	Amphetamine & psychostimulant dependence NOS	172	2,997	\$139,597.29
		30390	Alcohol dependence NEC & NOS, unspecified	108	1,310	\$69,166.91
		30430	Cannabis dependence NOS	57	691	\$48,628.22
		29633	Major depressive disorder, recurrent, severe	6	936	\$27,939.60
		30400	Opioid type dependence NOS	38	478	\$26,867.26
		29632	Major depressive disorder, recurrent, moderate	10	575	\$22,869.32
		29622	Major depressive disorder, single episode, mod	6	345	\$14,210.28
		30520	Cannabis abuse NOS	28	227	\$11,906.28
		30500	Alcohol abuse NOS	25	120	\$8,946.96
		30570	Amphetamine & sympathomimetic abuse NOS	12	138	\$8,238.23
		30420	Cocaine dependence NOS	6	143	\$7,663.15
		29530	Paranoid schizophrenia NOS	2	37	\$5,129.13
		30981	Posttraumatic stress disorder	9	50	\$4,184.18
		3004	Dysthymic disorder	3	69	\$3,808.38
		30560	Cocaine abuse NOS	3	26	\$3,568.04
		29690	Episodic mood disorder NOS	3	44	\$3,416.75
		7999	Unknown cause morbidity/mortality NEC	5	27	\$3,113.05
		30928	Adjustment dis w mixed anxiety & depressed mood	8	39	\$2,810.31
		30002	Generalized anxiety disorder	4	24	\$2,305.68
		30490	Drug dependence NOS, unspecified	2	40	\$2,217.33
		29634	Major depressive disorder, recur, severe w psych	1	15	\$2,106.75
		29652	Bipolar I, most recent depressed, moderate	1	15	\$2,106.75
		31381	Oppositional defiant disorder	2	36	\$1,948.34
		29623	Major depressive disorder, single episode, severe	1	60	\$1,791.00
		311	Depressive disorder NEC	4	23	\$1,580.58
		29680	Bipolar disorder NOS	2	19	\$1,519.19
		29660	Bipolar I, most recent episode mixed NOS	1	10	\$1,404.50
		30000	Anxiety state NOS	4	13	\$1,355.41
		3090	Adjustment disorder w depressed mood	3	21	\$1,254.49
		30480	Combination drug dependence excl opioid NOS	3	24	\$939.84
		30410	Sedative/hypnotic/anxiolytic dependence NOS	3	20	\$763.39
		30550	Opioid abuse NOS	3	14	\$723.02
		29689	Bipolar disorder NEC	2	7	\$710.98
		29650	Bipolar I, most recent episode depressed NOS	1	10	\$548.83
		30590	Other, mixed or NOS drug abuse NOS	1	10	\$547.76
		30023	Social phobia	1	5	\$540.75
		30460	Drug dependence NEC NOS	1	37	\$470.34
		30113	Cyclothymic disorder	1	4	\$420.76
		29635	Major depressive disorder, recur, part/NOS remiss	1	3	\$354.82
		29600	Bipolar I disorder, single manic episode NOS	1	4	\$343.54
		3051	Tobacco use disorder	1	7	\$320.67
		3093	Adjustment disorder w conduct disturbance	1	4	\$295.68
		3094	Adjustment dis w mixed disturb emotion & conduct	2	3	\$255.99
		29651	Bipolar I, most recent episode depressed, mild	1	4	\$175.26
		29631	Major depressive disorder, recurrent, mild	1	5	\$150.17
		30001	Panic disorder w/o agoraphobia	1	1	\$139.46
		V7109	Observation suspected mental condition NEC	4	4	\$123.08
		29630	Major depressive disorder, recurrent NOS	1	1	\$108.15
		31400	Attention deficit disorder w/o hyperactivity	1	1	\$108.15
		31401	Attention deficit disorder w hyperactivity	1	1	\$108.15
		30021	Agoraphobia w panic disorder	1	2	\$82.06
		29570	Schizoaffective disorder NOS	1	1	\$73.92
		31234	Intermittent explosive disorder	1	1	\$29.85
		Total		561	8,701	\$439,987.98



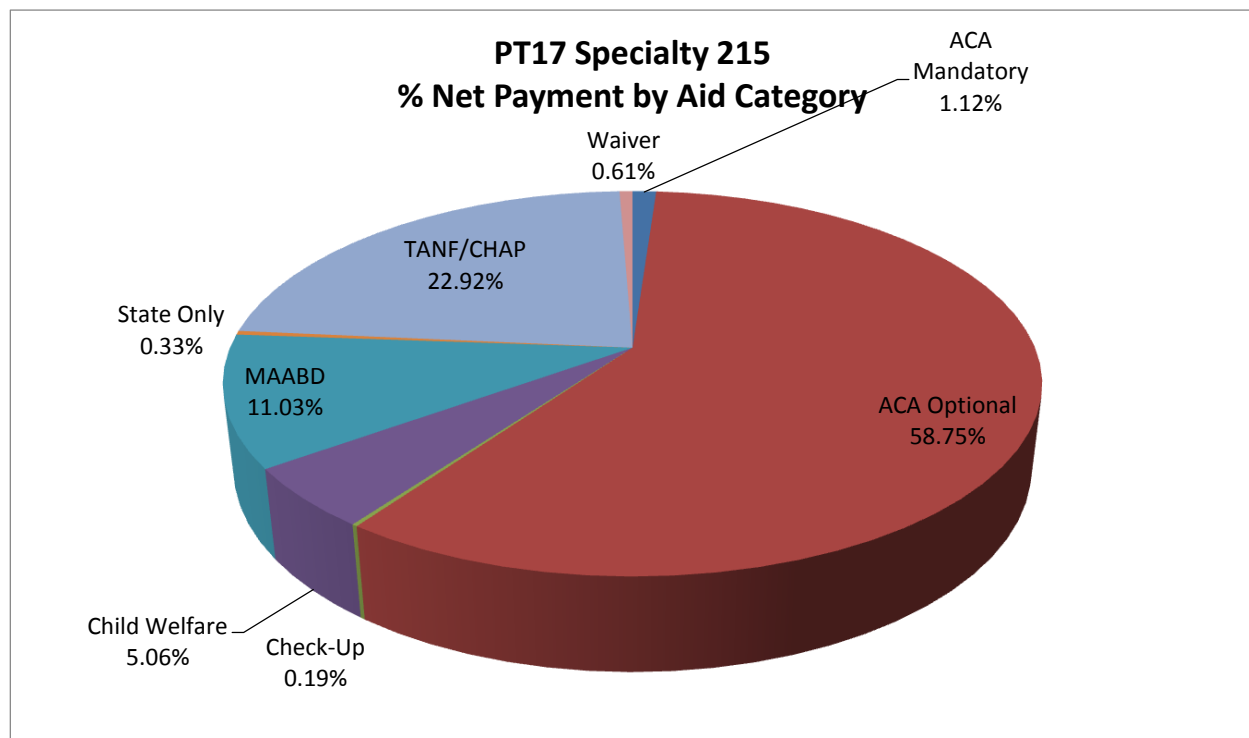
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Time Period: Incurred With Runoff Quarter			QTR 4 2014		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	ACA Mandatory	3	97	\$4,920.23
		ACA Optional	302	5,793	\$258,472.15
		Check-Up	5	9	\$814.31
		Child Welfare	31	455	\$22,267.01
		MAABD	60	695	\$48,535.38
		State Only	1	48	\$1,432.80
		TANF/CHAP	136	1,514	\$100,859.60
		Waiver	1	90	\$2,686.50
		Total	539	8,701	\$439,987.98



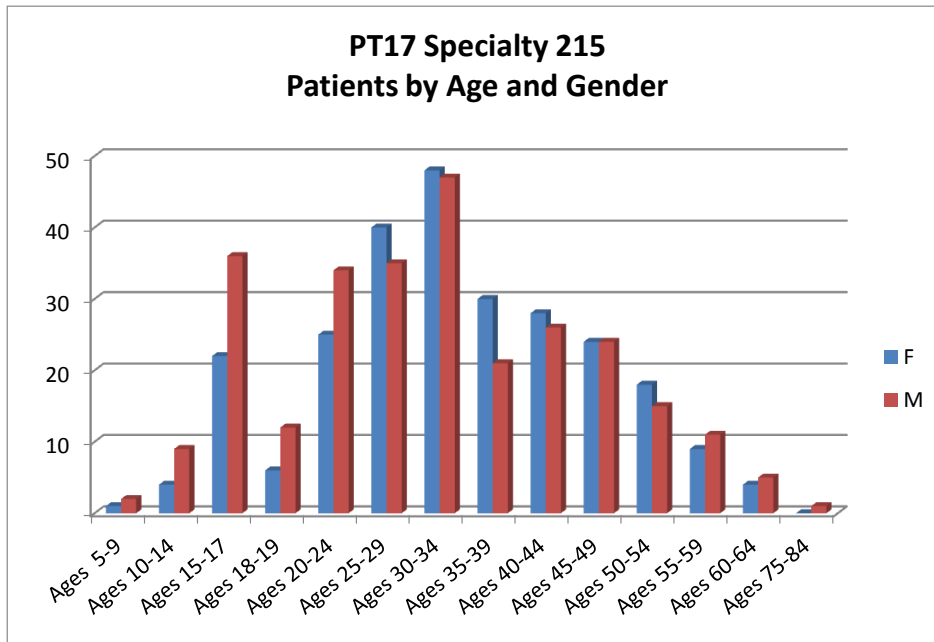
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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Time Period: Incurred With Runoff Quarter			QTR 4 2014	
			Patients	
			F	M
Gender Code				
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	1	2
		Ages 10-14	4	9
		Ages 15-17	22	36
		Ages 18-19	6	12
		Ages 20-24	25	34
		Ages 25-29	40	35
		Ages 30-34	48	47
		Ages 35-39	30	21
		Ages 40-44	28	26
		Ages 45-49	24	24
		Ages 50-54	18	15
		Ages 55-59	9	11
		Ages 60-64	4	5
		Ages 75-84	0	1
		Total	259	278



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

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